

# DENISON UNIVERSITY CONSENT FORM

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My signature on this form confirms that I voluntarily agree to participate in the following survey/research:

Title of Research:

Researcher:

Department:

My signature confirms the following:

1. My participation is voluntary. I understand that I may refuse to participate in this study, not respond to individual questions, or discontinue my participation at any point.
2. I have been assured of confidentiality or anonymity unless otherwise given permission by the subject to be quoted or identified.
3. The overall purpose and uses of the study have been explained to me, and I have been informed that a fuller debriefing will be made available to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please note: in the case of minors, the signature of a parent or guardian is needed.)